## FCC 395

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

Thiconnex Long Ro

515 New Alexandria Ro

67 Ceck here if this is a change of address.

2. Year Report Filed

3. Reporting Period (Ending Date of Pay Period Covered by Report)

Period Covered by Report)

SECTION II - Full-Time Employees.

Aumber of Full-Time Employees during Selected Reporting Period (check one):

a. Fewer than 16 (complete Sections I, IV, and V only)
b. 16 or more (complete all sections)

Number of Employees

(Report employees in only one category)

Race/Ethnicity

Job Categories		Number of Employees (Report employees in only one category)  Race/Ethnicity														
															Hispanic or Latino	
		Male						Female						Columns A - N		
				Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0

FCC 395

Revised December 2007

							Number of Employees (Report employees in only one category)									
Job Categories		Race/Ethnloty														
		Hispanic or Latino		Not-Hispanic or Latino												Total
				Male							Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Dis	crimin	ation Compl	aints Pursua	nt to 47 CFF	22.321, 23.5	5, 90.168, 101.	4, and 101.	311.								

V	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this compeny before any body having competent jurisdiction in such matters during the calendar year covered by this report.										
	This is to advise the Commission that the following complaints allegin (Attach a list indicating parties involved, date filed, courts or agencies	ig violations of the provisions of any eq before which the matter has been hea	qual employment opportunity statute have been ard, file number or other designation, and curr	in filed against this company. ent status or disposition.							
	V - Certification										
certify that	t to the best of my knowledge, information, and belief, all statements in	this report are true and correct.									
Date 5	Typed or Printed Name of Person Signing  Nank Stale	Signature	Oful	844-843-1751							
Title of Pers			ON THIS FORM ARE PUNISHABLE BY FINE UCTION PERMIT (47 U.S.C. 312 (A)(1) AND	E AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OR FORFEITURE (47 U.S.C. 503).							